



## Idaho Falls Pediatrics

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## Our Financial Policy

Thank you for choosing Idaho Falls Pediatrics as your healthcare provider. We are committed to your children's treatment being successful. The following is a statement of our financial policy which we require you to read and sign prior to treatment.

All patients must complete our information and insurance form before seeing the doctor. If you fail to provide us with the correct and complete insurance information in a timely manner, you may be responsible for the payment of a claim.

Any patient who has not been in our clinic over the past three years will be considered a NEW PATIENT.

### Minor Patients

A guardian or adult with written permission from parents must accompany any child under 18 years of age. Any unaccompanied minor will be denied treatment. The adult or guardian accompanying the minor is responsible for the full payment.

### Delinquent Accounts

If at any time your account is delinquent your account will be sent to Trust Financial. We will not be able to schedule any appointments until the account is paid in full.

### Regarding Insurance

We will file your insurance as a courtesy to you and will do our best to maximize your benefits. It is your responsibility to understand your insurance benefits (what is and what is not covered). All co-pays are due at the time of service. Some insurance companies may charge a different co-pay or co-insurance amount when seeing a physician assistant rather than a doctor. Any remaining balance is your responsibility. If there are any questions regarding a claim please contact your insurance company. After you have contacted your insurance, if there is anything we can assist you with please contact our billing office.

We do contract with most insurance companies and will take their usual and customary allowances. If however, you have any insurance that we are not contracting with, you are responsible for the full remaining balance after insurance pays. We will not submit claims for Health Shares, such as Christian Ministries or Liberty Health Shares (LHS). You will be required to pay in full at the time of service. We will give you a 20% discount and claim form for you to file with them.

It is your responsibility to update any insurance changes. We will need to know the insurance company name, claims address, phone number, ID number, group number, policy holder name, date of birth, and social security number and the effective date of the insurance.

### Updated Information

It is your responsibility as well to make sure all addresses and phone numbers are kept up to date.

### Missed Appointments

If we are notified in a time that we can schedule another appointment for another patient there will be no charge. At a first missed appointment a reminder letter will be sent. For a second missed appointment there will be a \$15.00 reinstatement fee due before any future appointments. For a third missed appointment there would be a \$30.00 reinstatement fee due before any future appointments. If there is a fourth missed appointment you will be dismissed from our practice.

These financial options will meet the needs of most families in our practice. We want to be flexible in these changing times and we will do our very best to help you find a temporary financial solution that best fits the needs of your particular situation. We hope you will take into consideration the limitations we may have when making these arrangements. We value your business and are here to help you.

Thank you for taking the time to read and understand our financial policy. Please let us know if you have any questions or concerns.